



PRIVACY RELEASE FORM

The Office of
Senator Bob Menendez
New Jersey

The Privacy Act of 1974 requires that written consent be obtained from the constituent in whose name records are held before information can be released from a government agency. In order for the Senator's office to act on your behalf, please sign this authorization form and return it. If you have power of attorney or guardianship, please provide proof. If you are inquiring on behalf of someone else, it is necessary that they sign the authorization form.

Senator Menendez:

This is to authorize you to secure information as you may deem it necessary pertaining to my request for assistance.

Signature: _____

PLEASE PRINT:

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

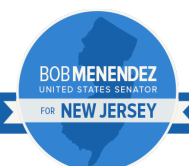
Primary Phone Number: _____ **Secondary Phone Number:** _____


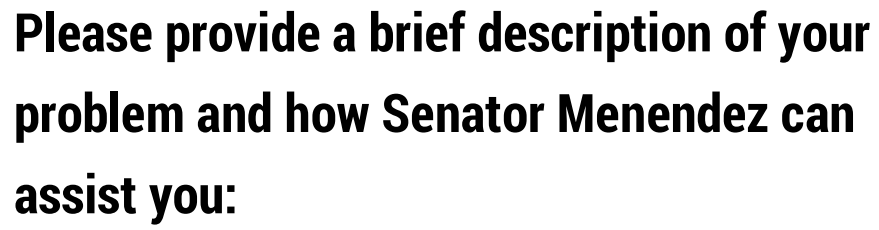
Email: _____ **Social Security/Identifying Number:** _____

Please select one office:

☐ Office of Senator Menendez
Jersey City Office
210 Hudson Street
Harborside 3, Suite 1000
Jersey City, NJ 07311
(P) 973.645.3030
(F) 201.434.9272

☐ Office of Senator Menendez
Barrington Office
Barrington Commons
208 White Horse Pike, Suite 18
Barrington, NJ 08007
(P) 856.757.5353
(F) 856.546.1526





BOB MENENDEZ
UNITED STATES SENATOR
FOR **NEW JERSEY**